

Case Number:	CM14-0085813		
Date Assigned:	07/23/2014	Date of Injury:	05/31/2005
Decision Date:	09/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 51 year old female was reportedly injured on May 31, 2005. The mechanism of injury is undisclosed. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of left shoulder pain, left hand pain, and low back pain. Current medications include Norco and Tramadol which she states to use sparingly and helps to decrease her pain. Trazodone is also used to help her sleep. The physical examination demonstrated decreased lumbar spine range of motion. Diagnostic imaging studies of the cervical spine shows Ossification of the posterior longitudinal ligament (OPLL) calcification at C2 to C3. There was also a disc bulge at C2 to C3 and C3 to C4 as well as C5 to C6, and C6 to C7. A disc herniation was noted at C4 to C5 and T1 to T2. A request was made for Tramadol, Trazodone, and the use of a transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the preauthorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prospective Request for Tramadol 150 Mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Tramadol (Ultram) for short term use after there is been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for tramadol is not medically necessary.

Prospective Request for Trazadone 50 Mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines trazodone is recommended as an option for insomnia but only for patients with coexisting psychiatric symptoms such as depression or anxiety. The medical record states that the injured employee feels depressed but there is no formal diagnosis of this. As such, this request for trazodone is not medically necessary.

1 TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: Treatment guidelines support the use of a transcutaneous electrical nerve stimulation (TENS) unit in certain clinical settings of chronic pain, as a one month trial when used as an adjunct to a program of evidence based functional restoration for certain conditions, and for acute postoperative pain in the first thirty days following surgery. It is also recommended for usage when there is evidence that other pain modalities, including medications, have been tried and failed. Based on the evidence based trials, there is no support for the use of a TENS unit as a primary treatment modality. The record provides no documentation of an ongoing program of evidence based functional restoration nor is there documentation that existing medications are ineffective. In the absence of such documentation, this request is not meet guideline criteria for a TENS trial. As such, this request the use of a TENS unit is not medically necessary.